

## KENTUCKY JUSTICE & PUBLIC SAFETY CABINET DEPARTMENT OF CRIMINAL JUSTICE TRAINING AGENCY REQUESTS FOR TRAINING



NAME OF AGENCY							
D	Pate:	Page	of	Pages	Agency Phone #		
	INFORMATION BELOW MUST BE TYPED OR PRINTED						
	NAME		SOCIAL SEC	HRITV#	COURSE #	FULL-TIME	PART-TIME
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	CLASS LOCATION		COURSE TITLE		D	ATE OF COU	RSE
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	NAME		SOCIAL SEC	URITY#	COURSE #	FULL-TIME	PART-TIME
6							
	CLASS LOCATION		COURSE TITLE		D	ATE OF COU	RSE
This signature attests to the employment status of individuals as indicated above and authorizes the training requested:							
AUTHORIZED SIGNATURE: TYPED NAME:							
DOCJT	FORM #29-1 (REV. 10/15/03)	Check One:	<b>Agency Head</b>	Training	Officer		